

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** AVALON SENIORCARE LLC 400 (0011121)

**Address:** 2875 FISH HATCHERY RD, MADISON, WI 53713

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2006

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0096953      **End Date:** 05/05/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008373    Served 06/01/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(a)	SUPERVISION AND MONITORING		
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.41(10)(a)	BUILDING MAINTENANCE		

**Survey ID:** 0095667      **End Date:** 10/01/2005      **Type:** INITIAL      **Purpose:** CHOW--DESK REVIEW

**Results:** PROBATIONARY LICENSE ISSUED

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 05/17/2006      **SOD #**10008373      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.12(5)(a)  
FORFEITURE---83.19(1)  
FORFEITURE---83.19(3)(c)  
FORFEITURE---83.21(4)(p)

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 04/24/2006**

**Date Investigation Completed: 05/03/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10008373
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10008373
MEDICATIONS	NOT SUBSTANTIATED	

**Date Complaint Received: 04/11/2006**

**Date Investigation Completed: 05/03/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	SUBSTANTIATED	10008373
ADMINISTRATION	SUBSTANTIATED	10008373
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	10008373

**Date Complaint Received: 04/05/2006**

**Date Investigation Completed: 05/05/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
QUALITY OF LIFE	NOT SUBSTANTIATED	

**Date Complaint Received: 03/17/2006**

**Date Investigation Completed: 05/03/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	SUBSTANTIATED	

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